PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/660,833			ling Date 12/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		N/A	1 == (0)	1	N/A	1 == (0)
П	SEARCH FEE	or (c))	N/A		N/A		N/A		1	N/A	
$\overline{a}$	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A		N/A		ł	N/A	
	(37 CFR 1.16(a), (p), FAL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =	
INE	CFR 1.16(i)) EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			ı	× \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN R SMALL ENTITY	
AMENDMENT	08/28/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	• 17	Minus	<b></b> 20	= 0	]	X \$25 =	0	OR	x \$ =	
	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	1	X \$100 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=	]	x \$ =		OR	x s =	
Σ	Independent (37 CFR 1,16(h))		Minus	***		]	x \$ =		OR	x \$ =	
品	Application Size Fee (37 CFR 1.16(s))					]			1		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

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